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CONFIRMATION NO. 1529

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|--|---|------------------------------|--|-----------------------------------|----------------------------|
| SERIAL NUMBER<br>10/673,487  | FILING DATE<br>09/30/2003<br><br>RULE   | CLASS<br>514                 | GROUP ART UNIT<br>1626   | ATTORNEY<br>DOCKET NO.<br>MATSUO3 |                            |
| <b>APPLICANTS</b><br><br>Toshihiko Matsuo, Okayama, JAPAN;<br><br>Yasufumi Kan-Oh, Okayama, JAPAN;<br>Sadaharu Suga, Okayama, JAPAN; |   |                              |  |                                   |                            |
| <b>** CONTINUING DATA *****</b>  |   |                              |  |                                   |                            |
| <b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 285784/2002 09/30/2002   |   |                              |  |                                   |                            |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 12/19/2003</b>   |   |                              |  |                                   |                            |
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged   | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature: [Signature] Initials: [Initials] | STATE OR<br>COUNTRY<br>JAPAN | SHEETS<br>DRAWING<br>0   | TOTAL<br>CLAIMS<br>8              | INDEPENDENT<br>CLAIMS<br>1 |
| <b>ADDRESS</b><br>BROWDY AND NEIMARK, P.L.L.C.<br>624 Ninth Street, N.W.<br>Washington, DC<br>20001-5303                             |   |                              |  |                                   |                            |
| <b>TITLE</b><br>Agent for inducing receptor potential  |   |                              |  |                                   |                            |
| FILING FEE<br><br>RECEIVED<br>750  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following:   |                              | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |                                   |                            |